

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202271    AUGUST 30, 2022

## Pharmacy updates approved by Drug Utilization Review Board August 2022

The Indiana Health Coverage Programs (IHCP) announces updates to the SilentAuth automated prior authorization (PA) system, PA criteria, mental health utilization edits, and the Preferred Drug List (PDL) as approved by the Drug Utilization Review (DUR) Board at its Aug. 19, 2022, meeting. These updates apply to the fee-for-service (FFS) pharmacy benefit.

### SilentAuth PA enhancement

The IHCP has enhanced its automated PA system to update the criteria for the Antimicrobials for Treatment of Vaginal Infections, Antimigraine Agents, Inhaled Agents for the Treatment of Cystic Fibrosis, Multiple Sclerosis Agents, Pulmonary Antihypertensives, Respiratory and Allergy Biologics, SSRI and SNRI Duplicate Therapy PA, and Targeted Immunomodulators. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the OptumRx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).



### PA changes

PA criteria for Difcid, Hepatitis C Agents, Miscellaneous Cardiac Agents, Non-PDL Prior Authorization and Step Therapy Criteria, PCSK-9 and Select Lipotropics, and Uterine Disorder Agents were established and approved by the DUR Board. These PA changes will be effective for PA requests submitted on or after Oct. 1, 2022. The PA criteria are posted on the *Pharmacy Prior Authorization Criteria and Forms* page on the [OptumRx Indiana Medicaid website](#).

### Mental health utilization edits

Utilization edits for mental health medications are reviewed quarterly by the Mental Health Quality Advisory Committee (MHQAC). The DUR Board approved updates to the utilization edits listed in Table 1. These updates are effective for DOS on or after Oct. 1, 2022.

*Table 1 – Updates to utilization edits effective for DOS on or after Oct. 1, 2022*

Name and strength of medication	Utilization edit
Belsomra tabs all strengths	Age 18 years and older
Caplyta 10.5 mg	Age 18 years and older; 1/day
Caplyta 21 mg	Age 18 years and older; 1/day
Qelbree caps all strengths	Update age restriction to 6 years and older; update quantity limit for 200 mg strength to 3/day

## Changes to the PDL

Changes to the PDL were made at the Aug. 19, 2022, DUR Board meeting. See Table 2 for a summary of PDL changes. Changes are effective for DOS on or after Oct. 1, 2022, unless otherwise noted.

*Table 2 – PDL changes effective for DOS on or after Oct. 1, 2022*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Beta Adrenergics and Corticosteroids	Fluticasone/vilanterol	Nonpreferred
Beta Agonists	Striverdi Respimat	Nonpreferred (previously preferred); permit continuation of therapy for current utilizers
	Arcapta	Remove from the PDL
Bronchodilator Agents – Beta Adrenergic and Anticholinergic Combinations	Seebri Neohaler	Remove from the PDL
	Utibron Neohaler	Remove from the PDL
Monoclonal Antibodies for the Treatment of Respiratory Conditions		Rename drug class Respiratory and Allergy Biologics
Nasal Antihistamines/Nasal Anti-inflammatory Steroids	Ryaltris	Nonpreferred
Oral Inhaled Glucocorticoids	Fluticasone propionate HFA	Nonpreferred
Phosphodiesterase-4 Inhibitors		Remove drug class from the PDL
	Daliresp	Maintain PA criteria
Pulmonary Antihypertensives	Tyvaso/Tyvaso DPI	Nonpreferred
Antivirals – Anti-herpetic Agents	Valtrex	Remove step therapy
Cephalosporins 3 <sup>rd</sup> Generation	Cefditoren	Remove from the PDL
Fluoroquinolones	Ciprofloxacin ER	Remove from the PDL
Hepatitis C Agents	Moderiba	Remove from the PDL
Ophthalmic Antibiotics/Corticosteroid Combinations	Zylet	Preferred (previously nonpreferred)
	Blephamide	Remove from the PDL
Oral Non-Systemic Antifungals		Remove drug class from the PDL
Systemic Antifungals	Vivjoa	Nonpreferred
Vaginal Antimicrobials	Solosec	Preferred (previously nonpreferred)
Alpha Adrenergic Blockers		Remove drug class from the PDL
Angiotensin Receptor Blockers (ARBs)	Edarbi	Preferred (previously nonpreferred); maintain quantity limit of 1 tab/day
Calcium Channel Blockers	Norliqva solution	Nonpreferred; add the following step therapy: <ul style="list-style-type: none"> <li>Member must be under 18 years of age or unable to swallow tablets</li> </ul>
	Levamlodipine	Nonpreferred
Calcium Channel Blockers with HMG CoA Reductase Inhibitors	amlodipine/atorvastatin	Remove drug class from PDL Move to Calcium Channel Blockers drug class and maintain step therapy

*Table 2 – PDL changes effective for DOS on or after Oct. 1, 2022 (Continued)*

<b>Drug class</b>	<b>Drug</b>	<b>PDL status</b>
Misc. Cardiac Agents	Camzyos	Nonpreferred
Lipotropics	Vascepa	Preferred (previously nonpreferred)
Antimigraine	Qulipta	Preferred (previously nonpreferred)
Electrolyte Depleters	Veltassa	Preferred (previously nonpreferred)
Multiple Sclerosis Agents	Tascenso	Preferred
	Zeposia	Preferred (previously nonpreferred)

**For more information**

The PDL, mental health utilization edits, PA criteria and SilentAuth criteria can be found on the [OptumRx Indiana Medicaid website](#). Notices of the DUR Board meetings and agendas are posted on the [FSSA website](#) at in.gov/fssa. Click **FSSA Calendar** on the left side of the page to access the events calendar.

Please direct FFS PA requests and questions about the FFS PDL or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 855-577-6317. Questions regarding pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

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